

Mr & Mrs H Emambocus

Gladstone House

Inspection report

28 West Street
Scarborough
North Yorkshire
YO11 2QP

Tel: 01723373638

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Gladstone House is a care home that provides accommodation and personal care for up to 12 younger adults with mental health conditions. There were nine people living at service on the day we inspected. The building is a converted hotel with a more recent extension. The property has no garden and car parking is on the road outside the service. It is situated close to public gardens.

At the last inspection this service was rated Good. At this inspection we found that the service remained Good.

There was a registered manager at this service who had been registered with the Care Quality Commission since June 2011 .

We found that the service was safe. There were sufficient staff on duty to meet the needs of people who used the service and they were trained in subjects which were reflective of their role and people's needs. They had been trained in safeguarding adults and were aware of reporting procedures.

Risks to people's health and safety had been identified and recorded. Premises safety was maintained through regular checks of services and equipment.

Medicines were managed safely and people who used the service had access to healthcare professionals when needed.

People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's nutritional needs were met.

People chose what activities they wished to take part in and led their lives as they chose.

Staff were kind and caring and showed respect to people.

Care plans were person centred and were reviewed regularly.

If people had any concerns or complaints there was a policy displayed telling them what action to take. No complaints had been made.

There was a clear management structure within the service. The organisational values reflected the way people were supported.

There was a quality monitoring system in place.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains good

Gladstone House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 March 2017 and was unannounced. The inspection was carried out by one adult social care inspector.

Prior to the inspection we looked at all the information we held about the service such as notifications. The registered provider is legally required to notify CQC of any events that may affect the running of the service or people who use the service. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan the inspection.

During the inspection we spoke with five people who used the service, two members of staff and the registered manager. We also spoke with the environmental health officer by telephone. We looked at three care plans and four staff recruitment and training files. We inspected records relating to the running of the service such as financial transactions relating to people's personal money, audits of areas of the service and feedback questionnaires. We looked around communal areas and in people's bedrooms where they gave us permission to do so. We observed the lunchtime experience and looked at how medicines were managed at the service.

Following the inspection we contacted the local authority contracting and quality assurance team, a care co-ordinator and a learning disability nurse for feedback. We requested that the latest report from the fire officer audit which had been completed be sent to us and asked for written confirmation from the provider that window restrictors had been fitted in accordance with Health and Safety Executive guidance.

Is the service safe?

Our findings

We found this service was safe. People who used the service told us that they felt safe living at Gladstone House. One person said, "I do feel safe" and another said, "They look after my money for me."

There were some people who used the service who were at risk of exploitation. The Court of Protection had appointed the local authority to act on someone's behalf in relation to their finances. This meant that the local authority looked after the person's money for them. Some people's personal money was kept by the service at their request or as part of an agreed plan. People's money was kept in a safe within a locked cupboard. Clear records of all transactions had been recorded.

Staff recognised different types of abuse and knew what to do if they saw anyone at risk of or being harmed. Staff had been trained in safeguarding vulnerable adults. There had been no safeguarding incidents since the last inspection.

Recruitment practices were safe and appropriate checks had been carried out before people started work at this service. The provider sought two references for people and carried out Disclosure and Barring service (DBS) checks. DBS checks provide information about convictions, cautions, warnings or reprimands which helps employers make safer recruitment decisions and prevents unsuitable people from working with people in a care setting. There were sufficient staff to meet the needs of the people who used the service. When we arrived there was one senior care worker and one care worker on duty. The registered manager arrived later. The rotas showed that staff numbers had been maintained over the previous month.

Medicines were managed safely and people received their medicines at the right times. The medicine administration records (MARs) were completed correctly. The medicines had been audited in November 2016 with actions identified. These had been completed. The service had sent letters to each person's GP requesting authorisation to use homely remedies in conjunction with people's prescribed medicines when needed in order to ensure there would be no adverse effects.

Risks to people's health and safety had been identified and recorded in their care plans. For example, we saw that one person could be verbally and physically aggressive. There were management plans in place for staff to follow if this happened. There had been a recent incident when the police were called. This was recorded and a notification sent to CQC as required. Each person had an emergency plan within their care record. This identified a place of safety if there were any adverse events that meant people had to leave the service such as fire or loss of electricity.

Accidents and incidents had been recorded and appropriate action taken. There had been three recorded incidents since January 2015 but there was no analysis of the incidents to identify trends. However, the incidents had been discussed with staff at staff meetings and lessons learned.

The environment was managed safely with regular safety checks and servicing completed for gas, electricity

and fire equipment. These were all up to date. An emergency fire plan was on display which had recently been updated following a fire safety audit. This had been recommended by the fire officer so people had up to date information about what to do in the event of a fire. Staff had been trained in fire safety.

The service had not met food safety standards following a recent environmental health officers (EHO) inspection. We looked at the recommendations made and saw that they had been completed with the exception of training for some staff which had been booked for the following week. Other staff had received food safety training from an accredited trainer. The environmental health officer told us that they wanted to ensure that any improvements were sustained and so they would not visit before three months had passed. We requested that the provider send us updated information following that visit. Overall we determined that people were safe living at this service.

Is the service effective?

Our findings

Staff knew people well and had received training in subjects such as health and safety, fire safety and safeguarding adults. Staff training records identified that staff that had also completed training in areas that supported their role such as Mental Capacity Act (MCA) 2005 and Deprivation of Liberty safeguards (DoLs) and understanding mental health. This meant that people were supported by staff who had the required skills and knowledge. We saw from records that staff received regular supervision from the registered manager. This gave them the opportunity to discuss work related matters and share information in a one to one meeting.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People living at this service were able to make their own decisions about their care. In cases where people who used the service were vulnerable or at risk the court of protection had appointed the local authority as their deputy to manage their finances.

When we looked at care records we saw that people who used the service had agreed with the content and consented to care and support. When we read the care plans we saw that people who used the service had access to healthcare professionals. For instance one person told us they had recently attended their GP surgery for a specific healthcare check and another told us "I had my feet done yesterday by the chiropodist." This meant that people were supported to maintain good health by accessing relevant professionals.

We observed people who used the service making drinks throughout the day and helping to prepare lunch. We observed a lunchtime period and saw that people were given sufficient to eat. The menus were chosen by people who used the service. They told us that they chose one menu a week so that everyone could eat what they enjoyed.

People went to the dining room for lunch. One person had gone out so missed lunch but staff saved them some food for when they returned to ensure they had eaten. People sat in the dining room where tables were set with table cloths, cutlery, condiments and jugs of water. This gave a family feel to the meal time. The meal was unrushed and people were given time to enjoy their food. They told us, "Lovely shepherds pie today," "The food is good" and "I like the food."

Is the service caring?

Our findings

There was a relaxed atmosphere at this service and this was confirmed by a care co-ordinator who told us, "Staff are very welcoming. They are very polite and very professional." People who used the service were comfortable approaching and chatting with the staff telling us, "I love it here" and "They look after me." A learning disability nurse told us, "Staff are friendly and welcoming" and "They [staff] are very good at sharing information."

When staff spoke to people they were polite and listened to what they had to say. A community psychiatric nurse had commented in the comments book, "It is a good home and outstanding with communications." A care co-ordinator told us, "Staff are very caring towards the client group in the way in which they speak to them." During the afternoon the service manager arrived and people's mood lightened when she came into the room. They were laughing and joking together showing pleasure in each others company.

Staff showed respect by knocking on bedroom doors before entering, maintaining people's privacy. A care co-ordinator told us, "They [staff] promote self determination." This is when someone controls their own life. We saw that staff encouraged people to do the things they enjoyed with or without staff support. People were encouraged to take themselves to appointments and to do their personal shopping in order to maintain their independence. They were involved in managing daily tasks within the service such as setting tables, washing up and tidying their own rooms where it was appropriate. This maintained a sense of wellbeing for people.

We saw from people's care plans that they were encouraged to maintain relationships and where appropriate develop new ones. One person who used the service told us, "I attend bible study" and we saw the church representative visited on the day of our inspection. This had started since they came to live at the service. Another person told us about their family and talked about seeing them. Advocacy services were used if people needed their support. An advocate is someone who supports people to speak up about what they want, working in partnership with them to ensure they can access their rights and the services they need.

Regular meetings were held with people who used the service in order for them to express their feelings, wishes and opinions. These meetings were recorded. We saw that one person had highlighted the fact that when the weather was poor the smoking shelter did not protect them fully from the weather. This had been remedied and the person had then given positive feedback about the new shelter. These meetings were recorded.

We saw that each person who used the service had completed a form outlining their wishes in the event of their death. This included the type of flowers and the music to be included at their funeral. There was no one in need of end of life care at this service.

Is the service responsive?

Our findings

People's care and support was person centred. This means putting the person at the centre of planning for their lives. Each person had an allocated care coordinator employed by the local authority who helped them plan their care and reviewed the care plans regularly with the person and staff at the service. We spoke with one care co-ordinator who told us, "Staff are very knowledgeable and work in a person centred way."

The care plans were reviewed monthly by staff at Gladstone House to ensure that any changes were recorded. Staff were able to give us detailed information about people who used the service.

The registered manager had previously worked as a registered mental health nurse. They were able through their knowledge and training to make sure that people received appropriate care that met good practice guidelines for people with a mental health condition. We saw from people's records that local community mental health services gave advice and guidance to people who used the service and staff.

We saw that there was a planned activities programme if people wished to take part. On the day we inspected some people joined the bible study and others played dominoes. Two people were painting in the afternoon. One person had been shopping and showed us the new item of clothing they had purchased. There was access to a TV and CD player in the lounge as well as books and jigsaws. One person told us they had recently celebrated their birthday at the service. We observed when we visited people's rooms that they reflected people's interests. For instance one person had pictures of their family and in another room we saw a person's collection of hats.

There was a policy and procedure for people to use if they wished to raise concerns. This was displayed in the entrance hall of the service. There had been no complaints received within the last twelve months and only one concern. This had been dealt with appropriately and according to procedure. There was a compliments and comments book available for people to write in and we saw that people who used the service had shared compliments in the book as well as visiting professionals. One mental health professional had written, "I am very impressed by the professionalism of the staff here. This is a happy home which is refreshing to see." People who used the service had complimented the food on many occasions.

We saw that each person had a document within their care record which they took with them if they were admitted to hospital. This helped healthcare professionals understand the needs of the person. In addition the registered manager told us that people would also take medicine administration record and current medicines with them.

Is the service well-led?

Our findings

Gladstone House is one of two locations registered with CQC by the registered provider. They have been registered since 2011. There was a registered manager employed at this service who was also one of the owners. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. They were aware of their responsibilities to report accidents, incidents and other events that occurred within the service. CQC had been made aware of specific events as required which helped to ensure we could conduct our regulatory duties.

The people who used the service, staff and healthcare professionals told us the service was well-led. There was a clear management structure with a registered manager and a service manager who took charge of the day to day care of people. One of them worked each day so there was always a manager presence. We could see that the staff worked well with both managers in a relaxed and supportive way.

The quality assurance system consisted of audits, checks and questionnaires. Records showed some aspects of the service had been audited on a regular basis including accidents and incidents and medicines. There were checks carried out of services and equipment. The registered manager had completed an audit of the environment and identified that a new fridge was required for the kitchen and that a carpet was loose in the hallway. We saw that a fridge had been purchased and the carpet repaired.

Staff meetings were held every three months which were recorded. Records showed that a variety of subjects were discussed. At the last meeting staff had been reminded of the complaints policy, discussed the menus and reviewed people who used the service. People who used the service had their own meetings every two months. These were used to gather their views on how the service was run and how it could better meet their needs.

People's views were captured through questionnaires and the use of the comments book. We saw evidence to confirm people's feedback was used to improve the service whenever possible. One mental health professional had identified that staff did not always greet them at the door. The service manager telephoned the person to gather more detail. This highlighted a problem with the front door bell which was not working consistently and was subsequently replaced. In addition staff had received training in communication.

The values of the service; choice, independence, respect and community participation were evident in the way in which staff worked to support people.

We could see from the compliments received by the service and from feedback given to us that people who used the service and professionals saw the service in a positive light.